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PATENT DEPARTMENT

6600 SEARS TOWER

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CHICAGO, ILLINOIS 60606

RE-APPLICATION
ALLOWED;
SERIAL NO.:
FILED:
TITLE: **Susanne Wikander**
March 2, 2005
10/691,407
October 22, 2002
"MAMMOGRAPHY COMPRESSION PLATE AND X-RAY DIAGNOSTIC APPARATUS
EMPLOYING SAME"

GROUP ART UNIT: 2882
ATTORNEY DOCKET NO. P03,0412
EXAMINER: Craig E. Church
CONFIRMATION NO.: 6846

AMENDMENT UNDER 37 C.F.R. §1.312

MAIL STOP ISSUE FEE

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450
SIR:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	**20	X 2	() X 9.00 () X 18.00	\$
INDEP. CLAIMS	*	MINUS	3	X	() X 40.00 () X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.			() YES () NO	() \$135.00 () \$270.00 ONE TIME		
			TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.
- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____ is attached.
- A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY *Steven H. Noll* (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 9, 2005.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

March 9, 2005

DATE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT UNDER 37 C.F.R. §1.312

APPLICANT:	Susan Wikander	ATTORNEY DOCKET NO. P030412
ALLOWED:	March 2, 2005	CONFIRMATION NO. 6846
SERIAL NO.:	10/691,407	GROUP ART UNIT: 2882
FILED:	October 22, 2003	EXAMINER: Craig E. Church
TITLE:	"MAMMOGRAPHY COMPRESSION PLATE AND X-RAY DIAGNOSTIC APPARATUS EMPLOYING SAME"	

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

SIR:

Under the provisions of 37 C.F.R. § 1.312, Applicant herewith amends the above-referenced allowed application.